



CHRONIC EPIDIDYMITIS

Frequently-Asked Questions

What is the epididymis?

Although the testis feels like a simple egg shape, there is, wrapped around the back of it, a ridge called the epididymis. The sperms which are made in the testis pass through the microscopic channels in the epididymis where they are stored and where their ability to swim is enhanced by chemicals produced within the epididymis.

If you hold the testis between your fingers whilst lying down, you may be able to feel the epididymis as a ridge behind the testis. It is most prominent at the top and bottom of the testis (the head & tail of the epididymis).

What is chronic epididymitis?

This is swelling of part of the epididymis which causes discomfort. In some cases, it is clear that infection is the cause but this is, in fact, uncommon. In most patients, we never find any signs of infection and the cause of the inflammation is unknown. The problem is called “chronic” because it comes and goes over a period of time.

Acute epididymitis

This is a common but completely different condition which often affects the testis as well (epididymo-orchitis). It is usually due to bacterial infection and can cause a lot of pain and swelling, even resulting in an emergency admission to hospital. It requires antibiotic treatment for at least 6 weeks and most patients need further investigations to determine the cause of the infection. A full course of treatment is vital because incompletely-treated acute epididymitis can, in time, become chronic if not treated adequately.

What are the symptoms?

The commonest symptom is a low-grade ache in the testis. It is often difficult to localise the discomfort unless you happen to feel the exact spot with your fingers. The pain often radiates into the scrotum, up into the groin and, occasionally, into the thigh or lower back.

Many men find that sitting in a car for prolonged periods of time makes it worse.

If you have a genuine infection, you may also notice an alteration on the colour or consistency of your semen. In a few patients, inflammation also affects the prostate which can cause more discomfort in the groins, back and thighs and may also affect the passage of urine.



What tests will be done?

Your GP or Urologist will listen to your symptoms and examine you but other tests are often unnecessary. If there is any suspicion that you have an underlying testicular tumour, an ultrasound scan of the scrotum may be recommended. Culture of the semen for bacteria is rarely performed because it does not usually help in diagnosis.

What can be done about it?

If there is a definite infection, you will be given an antibiotic (such as Doxycycline, Co-Amoxiclav, Ofloxacin or Trimethoprim). However, most patients do not need antibiotics and respond to treatment with anti-inflammatory drugs. One of the best is Ibuprofen, which can be bought over the chemist's counter. You need to take 400mg three times daily and you should continue this dosage for a minimum of 14 days.

If you develop dyspepsia or indigestion whilst taking these tablets, you should take an antacid. You should not, however, take anti-inflammatory drugs if you have a history of peptic (stomach/duodenal) ulceration or if you have asthma.

Supporting underwear often helps as well.

You cannot normally transmit this condition to your sexual partner unless there is a proven infection. Once antibiotics have removed any infection, there is no risk to your partner.

Will this treatment cure me?

Unfortunately, not always. Some patients only ever suffer a single episode. However, many patients do get a recurrence at some stage, months or even years later. If recurrent symptoms are treated at an early stage with anti-inflammatory drugs, it may be possible to prevent further progression. It is, therefore, always worth keeping a supply of tablets to start as soon as symptom appear, especially if you are away from home for any period of time. Early treatment will minimise the discomfort you experience and will shorten the duration of the symptoms.

Are there any other important points?

This publication contains guidelines and advice from professional bodies, together with information about the prescription of drugs. All NHS hospitals have local arrangements with their Primary Care Trusts (PCTs) about which medicines can be used. As a result, some drugs mentioned cannot be prescribed by local hospitals.

Treatment of patients will be planned with the Consultant responsible for care, taking into account those drugs which are or are not available at the local hospital and what is appropriate for optimum patient care.

Healthcare professionals are advised to check prescribing arrangements with their local hospital or PCT.



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